

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | 10 | | 1 | | 1 | |
| TOTAL CLAIMS | 13 | | 2 | | 2 | |

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| TOTAL IND. | | | 1 | | | |
| TOTAL DEP. | | | 1 | | 1 | |
| TOTAL CLAIMS | | | 2 | | 2 | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS